* BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

1GT 1P048/P537

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)		T	TYPE		OR		
TOTAL CLAIMS			26					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			2 6 minus 20=		* 6		ſ	X\$ 9=	108	OR	X\$18=	108
INDEPENDENT CLAIMS			И mii	nus 3 =	* 1		Ī	X42=	-	OR	X84=	84
MULTIPLE DEPENDENT CLAIM PI			RESENT				ľ	+140=		OR	+280=	
* If the difference in column 1 is			less than zero, enter "0"			column 2	L	TOTAL		OR	TOTAL	932
CLAIMS AS AMENDED - PART II										1011	OTHER	7
		(Column 1)		(Colu	mn 2) (Column 3)			SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFŢER AMENDMENT		PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*.	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
							L	TOTAL			TOTAL	
		Δ	ADDIT. FEE		OR	ADDIT. FEE						
_		(Column 1)	i :		mn 2) HEST	(Column 3)	1 -		ADDI	. 1	ſ	4551
AMENDMENT B	,	REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T.O. A.I.4	=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	-	OR	X\$18=	
	Independent	*	Minus	***	<u> </u>	=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
	The "Highest Nur	nher Previously Pa	id For" (Total o	r Indepen	dent) is the	e highest number	er foui	nd in the app	propriate bo	x in co	lumn 1.	